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APPLICANTS

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** CONTINUING DATA ***** NONE STS 11/29/04

** FOREIGN APPLICATIONS ***** NONE STS 11/29/04

IF REQUIRED, FOREIGN FILING LICENSE
 GRANTED

** SMALL ENTITY **

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Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR	SHEETS	TOTAL	INDEPENDENT
35 USC 119 (a-d) <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance	COUNTRY	DRAWING	CLAIMS	CLAIMS
Verified and Acknowledged <u>STS</u> Examiner's Signature Initials	CA	2	12	1

ADDRESS

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TITLE

Transporter for vertical movement and lateral transfer of persons having impaired or no self-locomotion

FILING FEE	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT	<input type="checkbox"/> All Fees
RECEIVED 375	ACCOUNT No. _____ for following:	<input type="checkbox"/> 1.16 Fees (Filing)